

Oxfordshire



JSNA

Oxfordshire Joint Strategic Needs Assessment Conference 2018

Conference Report
June 2018



Introduction

Oxfordshire's 2018 Joint Strategic Needs Assessment (JSNA) stakeholder conference was held on 18th June 2018 in the Assembly Room of Oxford Town Hall.

This event offered the opportunity to share the 2018 JSNA intelligence on health and wellbeing and inequalities in Oxfordshire, and to discuss ways of improving the content of the JSNA going forward.

The conference was attended by over 80 people from almost 30 organisations including from:

- Citizens Advice
- District Councils
- Healthwatch
- NHS Oxfordshire CCG
- Oxford Health
- Oxfordshire Community Foundation
- Oxfordshire County Council
- Oxfordshire Family Support Network
- Oxfordshire Mind
- Oxfordshire Sport and Physical Activity
- Other voluntary groups and people attending as individuals

We would like to thank everyone who attended. Thanks also to the presenters, table facilitators and organisers for helping to make the event a success.

What is a JSNA?

“JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or the NHS CB. JSNAs are produced by health and wellbeing boards, and are unique to each local area. The policy intention is for health and wellbeing boards to also consider wider factors that impact on their communities’ health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.”

Department of Health and Social Care

In Oxfordshire, the JSNA [main report](#) presents key headlines from the most recent analysis of the data and includes [population change](#), [population groups](#), [wider determinants of health](#) (employment, housing, education, environment), [health conditions and causes of death](#), [lifestyles](#) and [service use](#).

The [Annex](#) to the 2018 report provides a set of inequalities indicators showing differences for small areas across Oxfordshire. Inequalities indicators are also presented in an [excel pack](#) that includes LA District and OCCG Locality summaries. District and community health and wellbeing summaries are available directly via the [Places](#) page.

Oxfordshire’s [Public Health Surveillance Dashboard](#) accompanies the JSNA and monitors population level trends in health and wellbeing. Charts are updated on an ongoing basis throughout the year.

For more information, please visit the [Oxfordshire Insight](#) website or contact us about the JSNA via our [enquiry form](#) or email JSNA@oxfordshire.gov.uk and analysts from various organisations in Oxfordshire would be pleased to help.

Conference Part 1: JSNA 2018 and Our Changing County

The afternoon was introduced by Jackie Wilderspin (Public Health Specialist, Oxfordshire County Council), after which the keynote speech was given by Diane Hedges (Chief Operating Officer and Deputy Chief Executive, Oxfordshire Clinical Commissioning Group) who explained how the JSNA feeds into the commissioning process and informs needs led planning for the CCG.

Following this, John Disley (Policy & Strategy Manager, OCC) described the importance of a Health in All Policies approach to the upcoming housing and infrastructure growth in Oxfordshire.

An overview of the findings of the 2018 JSNA was given by Margaret Melling (Senior Research and Intelligence Officer, OCC) and Sue Lygo (Health Improvement Practitioner, OCC).

Steve Thomas (Performance and Information Manager, Social Care, OCC) spoke about using the information on health and care needs of the population, and how it has supported the development of Community Impact Zones in Banbury and East Oxford.

Slides from these presentations are available on the [Oxfordshire Insight](#) website [here](#).

Where next

- ❑ CCG alone cannot deliver the change that is needed
- ❑ Needs an integrated approach
- ❑ Must be proactive population management/planning
- ❑ Needs to draw on place, community, those who live in the community so each resident and those around them rise to our demographic opportunity
- ❑ More older people living longer – how do we all relish this new dynamic and also ensure mental well being as we go?
- ❑ How are we going to ensure the younger generation have the best outlook?

The JSNA is now more important than ever before!!

North, North-East, Oxford City, South-East, South-West, West

“Nobody’s life gets better because we wrote a report. It only gets better when people act on it.”

Steve Thomas, Performance and Information Manager, Social care

Conference Part 2: Improving the JSNA Content

The second part of the afternoon was centred around a table discussion, where stakeholders were asked to consider four questions:

Q1: What was interesting for you?

Q2: What do you need the JSNA to tell you?

Q3: What could you contribute to the JSNA?

Q4: How do we encourage people to contribute to and make use of the JSNA?

Popular topics of interest were:

- the ageing population and planning for future need,
- relationships between different indicators,
- inequalities and what can be done to reduce the gaps,
- prevention and areas of high need, and
- mental health.

There were several suggestions for potential contributors to future JSNA publications; these included:

- Age UK,
- Citizens Advice,
- District data,
- Libraries,
- Sports and leisure centres,
- OCCG,
- Universities and Schools,
- Smaller grassroots organisations, and
- Church or other religious communities.

See Annex for the notes from discussions at each of the 8 tables.

Responses to Question 4 were discussed in a plenary session and each table was asked to highlight one key idea for improving contribution to and use of the JSNA.

These will be discussed in the next JSNA Steering Group in July 2018.

Publicity - Making sure people know about the JSNA and where it is.

Ideas raised in the plenary session:

- Raise the profile of the JSNA to a wider audience through talks to Councillors, team meetings and short briefings
- Develop the branding of the report and present it in a more interesting way
- Link with schools, “sharing” the content and getting children involved
- Bring stakeholders together to work on specific themes

Other ideas:

- Train champions/super-users of the JSNA
- Health and Wellbeing Board to cascade JSNA through organisations to make sure it is seen and used
- Publicise the JSNA enquiries contact
- Make more links to and from other reports
- Call for evidence from third sector stakeholders

Accessibility - Making sure that the JSNA is easy to find, use and understand.

Ideas raised in the plenary session:

- Publish smaller sections of data to help make it more manageable
- Publish a JSNA chart of the month
- Develop the resources to be more interactive

Other ideas:

- Make the JSNA easier to find via the OCC website, in a web format rather than PDF
- Make the JSNA more relatable by using plain English, presenting data in a more user-friendly way
- Give the JSNA a title or subtitle that is easier to understand
- Break down into sections by theme, with context for each topic
- Make it more easily searchable
- Identify connections/correlations between topics – perhaps via a Wiki
- Use case studies/the user voice/child’s voice to make data relatable
- Outline data quality principles – let people know how they can use the information

Versatility - Making sure that the JSNA meets the needs of a range of organisations.

Ideas raised in the plenary session:

- Create pop-ups to ask, “Was this page useful to you?”, “Were you able to find what you were looking for?”
- Make it a positive for funding bids if organisations can show that they have used the JSNA in their application
- Use more mapping
- Allow people to access the data and do their own analytics

Other ideas:

- List contacts for organisations relevant to each topic
- Make lower level data available for use by communities and small organisations

Annex: Full notes from table discussions

Q1: What was interesting for you?

Table 1

- Performance against England – e.g. self-harm and mental health in young people, crime and young people
- Relationship between different indicators – correlations/relationships between numbers
- Difference in life expectancy – how will the change in housing affect this?
- Correlations with health and built environment. The growth presentation (JD) showed links with the future planning
- Ageing population – need to think about future needs/housing – adaptability and transport

Table 2

- Enthusiasm from Oxfordshire Clinical Commissioning Group
- Commissioning services is very important – a challenge for us all
- There was no user voice incorporated
- Planning perspective – transport very interested
- Oxfordshire is a healthy place, good to live in
- Linking up wider stakeholders – partnership working, e.g. Districts, CCG, 3rd party etc.
- Key messages – what's our response, as a system, to the 'stark' messages?
- Prevention angle – more resources over to self-care instead of emergency services
- Data – life expectancy – who to think about? What are the barriers to stop people doing what they want?
 - Cost to the system
 - Obesity in young children
 - How do we go about solving these issues?
 - How do we get education involved?
- High needs in a particular area – are they mismatched? User voice needs to be considered
- Re-think the strategy for our services
- People need choice and to be able to make an informed decision
- Gives good sources of information for future reading/service provision

Table 3

- Joint approach is beneficial – i.e. CAB clients are also users of other services

Table 4

- Mental health topics being covered in the JSNA.

Table 5

- Visual presentation of deprivation; crime; illness side-by-side to connect issues
- Use of absolute numbers (as well as %) gives different context to problem
- Trends over time, e.g. child obesity trend has not changed - have our initiatives achieved anything? e.g. Blackbird Leys is still in the lowest IMD decile, but they are better than they used to be.
- Discrepancy in educational performance across the county: why are 25 wards in the lowest decile for education?

Table 6

- Good to know qualitative data – gives insight – appetite for this

- How information is improving and more is available year on year – data quality
- Connection to growth development plan and growth deal (BUT silos... how does it all fit together? Where is the reference to the JSNA/inequalities? Where are the connections?

Table 7

- Given the increase in demand for MH services, lack of indicators including low level data
- Inequality indicators
- Oxfordshire being higher than average for SH and YP suicide – why is this?
- Surprised by the gap in LE and that it is growing
- Good to have a special/town planning

Table 8

- Tartan rug
- But also, the visual representation of the inequalities (charts) to show how much worse are the worse than average? How much worse is the worst of the worst? Etc.
 - Helps where to look next
 - What else do we need to know about these areas?

Q2: What do you need the JSNA to tell you?

Table 1

- The difference between national averages and local data – Benchmarking with the county and national average levels
- Postcode/ward/SOA level data
- Partnerships to gain local data
- Sharing data – within and outside organisations
- How to work together on the priorities that are in the JSNA – expand partnerships wider than usual partners
- Causes of the admissions etc. e.g. mental health
- Commonality between different groups affected by the same issues e.g. loneliness & mental health, older people and young people
- How to look at issues as a system
- Out of the box solutions e.g. home-share (need analysis and cross reference of data)

Table 2

- Let us know the areas of need and inequalities and how we can turn it around with the GP practices
- Needs more mental health input in the JSNA
- GAP analysis in mental health – map those services - can we do this?
- Value in breadth of the JSNA – shared storyline about what we are doing with public monies to serve the population
- Can we include things that have worked? Outcome measure on Age Friendly Banbury and Social Prescribing – increasing social activity for ‘older people’.

Table 3

- Would like to see the raw data
- Need to see the raw data before the conclusion has been reached
- Need to understand what variations could be at play to help understand fluctuations in data – i.e. going back to context and narrative
- City want local level data
- Communities information would be really useful

- Need to know that sample sizes are small – helps to add to the narrative
- Maybe a list at the back of things that are coming soon e.g. cycling/walking
- Inconsistent data sets are the way questions are asked/recorded – would be good to have a shared agreement re the way data are collected.

Table 4

- Access to healthcare options and opportunities, especially in the context of deprivation and lack of access to information technology.
- What might be underlying issues driving data trends.
- Impact and evaluation case studies, such as the increased pressures on GP practices due to increased number of patients with severe complex needs.

Table 5

- Analysis of skills (qualification) by age
- Rolling impact analysis over 5-10 years based on priority of each progressive JSNA i.e. what decisions were made from each JSNA and whether they visibly impacted on later trends
- Health economics associated with younger and older cohorts linked to specific disease & social groups ie specific costs associated with treating different groups e.g. the elderly
- 'Quality of life' measure
- Information about family /friends socialising and prevalence of poor mental well-being
- Measures of usage of social media / apps & screen time
- Pick a metric and present LSOA level data (CAMHS / deprivation / domestic issues etc)
- What's being funded by public / foundation... i.e. expenditure in different areas, including charities
- School data → about children in school

Table 6

- Caution – statistics – 'process' measure can be misinterpreted, e.g. increase in depression, change is in increased referrals to IAPT, so actually a positive statistic → context of the data
- Rather than looking at all data presented, what questions do we want to answer? Needs defining before we start.
- Limited data on ethnicity and other protected characteristics in groups e.g. carers, BAME and diabetes, etc.
 - If we had more data, could help public sector response on equality and diversity EIAs
- Info may be available at clinical level – e.g. renal services OUH data – draw wider info from other sources
- Different role of JSNA – inform commissioning services, identifying protected characteristic groups etc.
- How do we move the norm to start asking questions about ethnicity, gender, etc.
- Needs to link practical information with inequalities, protected characteristics by place to inform planning
- Broadly, anything interesting correlations
- Connected to graphic form – and a way to ask/get data aggregated to ask questions
- Useable for varied people/agencies
- How do you get the JSNA to answer the questions you need?

- More people who could know about it and engage with it

Table 7

- Children's services and 'picture' of children's needs in the county – MH included
- Holistic – need to know how independent issues join up because people have more than one issue
- Service user contribution and their voices – qualitative analysis as well as data
- How things link with each other
- Areas that are totally different may be totally different / how can we see more about differences without seeing this in 'averages'

Table 8

- Choosing key themes and digging deeper to give more detail/ a more rounded view of what is going on
- Maybe a list of key providers/who is acting on each topic area? E.g. when talking about (in)activity, could we also talk about WOW, OxSPA etc.
- Forum to request/discuss data for new projects

Q3: What could you contribute to the JSNA?

Table 1

- Home-share data – Age UK
- Communications of what's going on in the districts to share learning (JSNA could help promote good practice)
- Stay and Play and library activities
- Need to collect quality data from the LA data teams
- Case studies
- Where volunteering is taking place – coordinated across the county – add as an outcome to the JSNA

Table 2

- User voice needs to be included
- Community transport – run by CAB
- What do other communities do?
- Church community?
- Can we include service level data?
- DCs local surveys?

Table 3

- Citizen's advice – have issue codes, ward level data
- Could provide a better narrative around the data
- People on table from OCC, City council and CAB – all contribute to the JSNA – could provide more depth to narrative
- We don't know what you don't know!
- Not sure what to provide/ Not clear what should be provided – what about feedback from engagement?
- There are small grassroots organisations who have good data that we aren't tapping into e.g. Sunrise Multicultural Centre (Banbury), Good Neighbours Schemes – how to contribute to the bigger picture

Table 4

- GPs are protective of their data, but they are also developing federations to begin to aggregate data.
 - Barriers include the admin time and budget needed to put together the data.

- Practices can be encouraged to get patients to go online and input additional data into the GP practice systems.
- Users of the JSNA can and should cite the JSNA more often and talk it up with non-users.
 - Additionally, we can feedback any comments to the JSNA team so they can improve the JSNA.

Table 5

- Local Insight
- Data about VCS organisations and how they are funded: need vs spend vs impact
- Measurement & evaluation systems & process

Table 6

- Qualitative data – what would this look like, given the purpose to inform decision making?
- Objective/subjective
- Experts by experience
- References to other reports providing qualitative backdrop to the data – where the different organisations can contribute
- → Meaningful, co-production
- “Dr Foster” (Helen Ward, OCCG) has access to lots of info
- Using Hospital Episode Statistics – data can then be mapped by GP practice
- There is more out there

Table 7

- Use the organisations (stakeholders); use the strength of them, they may have the insight that may be helpful
- We need to think about preventive interventions and core problems. An obese child may be lonely – talk to them and ask!
- Campaigns tell what people care about

Table 8

- Open data/platforms for open data? – Link with Oxford data insights data platform? Link with innovation and research team?
- For the future – could we use leisure data? From open data from leisure centres, look at till activity of how many/who/demographics of who is going, what they are doing?
- Data from universities?
- Add in info for active and healthy travel strategy?

Q4: How do we encourage people to contribute to and make use of the JSNA?

Table 1

- Smart targets linked to priorities in JSNA e.g. volunteering opportunity coordination provides rationale for delivery
- Introduce JSNA to school children to learn about their area and ‘own’ and take action and take up volunteering opportunities
 - Schools could see how the data capture is used
 - Could also help come up with solutions e.g. support partnership working, intergenerational opportunities, mentoring/volunteering opportunities
- Specific themes/topics for briefings
- Specific enquiry opportunities for data
- More JSNA networking events and discussions
- Broken down into manageable sets of data

- Opportunities for community restoration – link to schools
- Ways to break down the data to apply it to specific work
- Contributing: Case studies to help apply data to real life
- Contributing: Engage with local communities – make low-level data available to work with them to address issues
- Make more interactive to layer data
- Searchable data – specific search to drill down into data
- Maps and filters
- Train champions/super users of the JSNA

Table 2

- Make it an interactive/feedback tool
- Make it easy to access
- Discuss with organisations
 - 3rd party
 - Short briefings
 - Team meetings
 - Champions
- Case studies
- Space and reading time
- Feedback tool – outcome measures
- Pop-up – was this useful?
- Members/key members to support to drive the key influencers/change makers
- Use as a main source of evidence
- Politicalise data – drive things forward
- Link more with Health Inequalities Report
- Link with HOSC
- Voluntary sector information – call for evidence?
- Broad spectrum of data – how would you handle this?
- Format of the JSNA – interactive data sets – is this able to be reinstated – per chapter?

Table 3

- Needs to be more accessible and easier to understand – including to small organisations
 - Case studies could bring data to life
- Need to be able to get to the data using a different filter
- For small organisations: Data quality principles – to know what they are – can we help them to ensure their data are robust and what that means.
- Using JSNA for funding bids – could the data be used to evidence the need for small organisations?
- Can a tool be provided that enables organisations/people to understand the data more easily?
- Enable understanding of ONS data
- Booklet that explains the data topic that helps people understand
- Need to make it easier
- Marketing – telling people that the data can be used/how
- No more directories
- One big thing – not lots and lots of little things
- Need to make it the 'go to' place

- Videos – Facebook – key stats for the public
- Make people aware of the tools that enable people to use the JSNA
- Marketing – helping people to understand what the JSNA can do – in easily accessible snippets
- Does it have to be called the JSNA? People don't know what that means

Table 4

- Set up a JSNA Wiki that breaks up the sections, links related topics, and includes a section on contacts of people/organizations that are working on that specific area. Grants should also be included in the Wiki as well.
- Increase the visibility of the JSNA by collecting best practices, and step-by-step case studies on when it was used in a piece of work.
- Use plain English in the JSNA to improve the accessibility of the document.
- Increase the amount of patient engagement in the JSNA so that it includes the end user perspective.

Table 5

- Talk to counsellors
- Present data in more interesting & relevant (human-level) manner
- Chart of the Month
- Show that by using JSNA, you can help your organization win contracts & secure funding
- Links to other information on the website
- Smaller level summaries: e.g. a summary suitable for OCVA
- Use e.g. Google Analytics to identify what is most used on the website

Table 6

- Proactive
 - Open questions to engage other to move out of silos and find what needs to be done
 - Proactive connections
 - Ambitious open questions – e.g. 'how to we alleviate child poverty'
- Integrated care organisations – can we think differently? Do away with some of the boundary issues reflected in JSNA
- JSNA data but different approaches to fit with e.g. child focus, poverty focus, diabetes, etc. and connections
- JSNA – open to producing different sets of data to look at broader issues
- Contribution
 - Spread the word of the JSNA through links
 - Have themed focus days to bring people together, e.g. mental health
 - More workshop focus groups
 - Links to EIA, HIA, via making it mandatory / robust planning process
 - People want 'public' access to docs in a useable form... is static useful? Should it be more dynamic?
 - For local groups to engage with it they need the ability to dig deep. Accessible info.
 - ? Synthesis – geographically meaningful data
- Using JSNA data to bring people together to focus on different themes, e.g. diabetes. Include experts by experience.

Table 7

- Service user voice – joining what other health organisations have – co-production board

- Planning housing development should think about the analysis – health options when they're talking with developers
- Children's voice – VOXY to be approached? (Chair of VOXY also sits on co-production board)
- Better name – JSNA doesn't tell you much
- 'Stats to tell stories'
- Get 1% S.106 money to be allocated by Oxfordshire residents
- How we can connect the JSNA analysis with analyses that others (other teams in OCC, OCCG, voluntary sector, etc.) to make sense of data and analysis and understand the needs
- Sections of JSNA are tailored (older people, children) mental health is another one
- Information and analysis in JSNA is not accessible to lots of people – including officials – people wouldn't read, understand, analyse it
- Enquiry line – we didn't know about this – could we publicise this more, within reason?
- 'Chart of the month' – helpful stimulus for conversation, picking up something new/interesting/changing in 2 or 3 pages
- Giving prize/incentives to people who are advocates
- 2-way communication – we need to hear from people and help them understand the JSNA

Table 8

- Could be more user friendly
 - Could be in more manageable chunks
 - Could be a web format rather than PDF – i.e. could be more interactive
 - Could it be integrated into OCC website?
 - More friendly/ "sexy" name and branding
- More publicity – could the Health and Wellbeing board cascade it down?
- Use of case studies
- Smaller organisations unlikely to have data analysts – how to we support them/provide resources they can use?
- Is there a way we can explain what it can and cannot do? Maybe a video?
- Gaps – education? What are they contributing to the JSNA?